

TELEPHONE TRIAGE FOR INFLUENZA-LIKE ILLNESS (Last Updated 8-25-09)

Date: _____ Name of caller: _____ Name of patient (if different) _____ Patient DOB _____ Age _____ Contact info: Home _____ Work _____ Cell _____ Address: _____ Number of people in the household _____ Number of people ill with flu symptoms in the household _____	Final recommendation (check one) ____ REFERRED FOR IMMEDIATE EVALUATION ER ____ Office ____ Other ____ ____ Advised to call provider ____ Advised to stay home, no Follow-up needed ____ Advised to stay home, call back needed
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QUESTION 1: Are you currently ill?

If YES, go to question 2A. If NO, go to question 6.

QUESTION 2A: Please tell me which of the following symptoms you have:

Fever (>100.0°F)	Y	N	Have you taken your Temperature?	Y	N	If Yes: _____ degrees
Cough	Y	N				
Sore throat	Y	N				
Vomiting	Y	N				
Diarrhea	Y	N				

QUESTION 2B: When did your symptoms start? _____

QUESTION 3: Do you have any of the following?

If ANY of the following are answered YES, **stop the interview** and advise patient to go to the hospital emergency room or alternate care site for evaluation.

Difficult or rapid breathing or shortness of breath	Y	N
Pain or pressure in the chest or abdomen	Y	N
Sudden dizziness	Y	N
Confusion	Y	N
Severe or persistent vomiting	Y	N
Flu-like symptoms improve but then worsen	Y	N

If sick person is a child, ask about the following additional symptoms:

Bluish or gray skin color	Y	N
Not drinking enough fluids	Y	N
Not waking up or not interacting	Y	N
Being so irritable child does not want to be held	Y	N

If all of the above questions in #3 are answered NO, go to question 4:

QUESTION 4: Do you have any of the following medical conditions?

If ANY of the following are answered YES, **stop the interview**, advise patient that they have a condition that puts them at higher risk for complications from the flu and that they should speak with their health care provider. They may need antiviral medication.

Currently pregnant	Y	N
Lung Problems, including asthma	Y	N
Heart Problems (except high blood pressure)	Y	N
Kidney Problems	Y	N
Blood disorders, e.g. sickle cell disease	Y	N
Brain or muscle diseases	Y	N
Diabetes mellitus	Y	N
Immunosuppression from medicine or HIV	Y	N

If all of the above questions are answered NO, go to question 5.

QUESTION 5: Are you able to care for yourself at home or do you have help at home? Y N

If the above is answered YES, inform patient that they appear to have a mild case of flu that is best cared for at home. Educate about home care (see below).

If the above is answered NO, ask caller what type of home support they would need to be able to remain in the home. Document below and advise patient that someone will return their call to discuss their needs further.

Circle Needs: Food Water Medications Other _____

QUESTION 6: How may I help you? _____

Home Care Instructions:

- Keep away from others as much as possible. Don't share drinking glasses or eating utensils (this is to keep others in your household from getting sick)
- Stay home for at least 24 hours after fever is gone (fever should be gone without use of any medication, such as aspirin, Tylenol, or Advil/Aleve)
- Get plenty of rest
- Drink plenty of fluids (water, broth, electrolyte beverages)
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often, especially after coughing, sneezing or using a tissue.
- If available and tolerable, wear a face mask when with other members of the household, especially if they are at high risk (see question 4)
- If you develop any of the following, seek medical care immediately:
 - Difficulty breathing or chest pain
 - Purple or blue discoloration of lips
 - Vomiting or unable to keep liquids down
 - Dizziness, no urination, lack of tears in infants (signs of dehydration)
 - Seizures, uncontrolled convulsions
 - Confusion, less responsive than normal